STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION Form AA-14 (1/8/2019)				
Note: All sections must be completed. Incomplete forms will be returned to the originating department.  I. CONTRACT INFORMATION:				
Agency/Department: Green Mountain Care Board/ Contract #: 37013 Amendment #: 1				
Vendor Name: HealthTECH Resources, Inc.		VISION Vendor No: 372492		
Vendor Address: 3620 E. Campbell Road, Phoenix, AZ 85018				
Starting Date: 09/15/18 Ending Date: 9/14/2022 Amendment Date: 9/14/2020				
Summary of agreement or amendment: Extending for time Certificate of Need (CON) consultant for Health Information Technology				
II. FINANCIAL & ACCOUNTING INFORMATION				
Maximum Payable: \$60,000.00 Prior Maximum: \$60,000.00 Prior Contract # (If Renewal):				
Current Amendment: \$0.00 Cumulative amendments: \$0.00 % Cumulative Change:				
<b>Business Unit(s):</b> 3330; ; - [notes: ]	VISION A	ccount(s):	;	
Estimated % GF 100.00 % SF Funding Split: % TF % GC		% EF % FF	% Other	
Funding Split:  % TF		70 FF	(name)	
A. Identify applicable procurement process utilized.  Standard Bid/RFP Simplified Sole Source (See B.) Qualification Based Selection Statutory				
· · · _ · _ ·	_ `		tion Statutory	
B. If Sole Source Contract, contract form includes self-certification la			and a Name of Name	
C. Contract includes <b>performance measures/guarantees</b> to ensure the	ne quanty and	or results of the	service? Yes No	
IV. TYPE OF AGREEMENT (select all that apply)         □ Personal Service       □ Construction □ Arch/Eng. □ Marketing □ Info. Tech. □ Prof. Service				
Non-Personal Service Construction Arch/Eng. Want	cuing ini	o. recii. Mrior	. Service	
Commodity Retiree/Former SOV EE Financia	ıl Trans 🔲 Z	ero-Dollar 🗌 Pri	vatization  Other	
V. SUITABILITY FOR CONTRACT FOR SERVICE				
Yes No n/a Does this contract meet the determination of an Independent Contractor? If "NO", the contractor				
must be set up and paid on payroll through the VTHR system.  VI. CONTRACTING PLAN APPLICABLE				
Is any element of this contract subject to a pre-approved Agency/Dept. Contracting Waiver Plan? Yes No				
VII. CONFLICT OF INTEREST				
By signing below, I (Agency/Dept. Head) certify that no person able to control or influence award of this contract had a pecuniary interest in its award or				
performance, either personally or through a member of his or her household, family, or business.				
Yes No Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain)				
VIII. PRIOR APPROVALS REQUIRED OR REQUESTED				
Yes No Agreement must be Certified by the Attorney General under 3 V.S.A. § 342 (sign line #4 below)				
Yes No Attorney General review As To Form is required (\$25,000 and above) or otherwise requested: (AAG initial)				
Yes No Agreement must be approved by the Secretary of ADS/CIO Yes No Agreement must be approved by the CMO: for Marketing services over \$25,000				
Yes No Agreement must be approved by Comm. Human Resources: for Privatization, Retirees, Former Employees, & if a				
Contract fails the IRS test.				
Yes No Agreement must be approved by the Secretary of Administration				
IX. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL				
I have made reasonable inquiry as to the accuracy of the above information (sign in order):				
1-Date 1-Agency/Department Head	2-Date	2-Agency Secret	ary (if required)	
		3		
3a-Date 3a-CIO 3b-Date 3b-CMO		3c-Date 3	3c-Commissioner DHR	
4-Date 4-Attorney General	5-Date	5-Secretary of Administration		

## STATE OF VERMONT CONTRACT AMENDMENT

It is hereby agreed by and between the State of Vermont, Green Mountain Care Board (the "State") and HealthTECH Resources, Inc., with a principal place of business in Phoenix, Arizona (the "Contractor") that the contract between them originally dated as of September 15, 2018, Contract # 37013, as amended to date, (the "Contract") is hereby amended as follows:

I. <u>Contract Term</u>. The Contract end date, wherever such reference appears in the Contract, shall be changed from 09/15/2020 to 09/15/2022.

<u>Taxes Due to the State</u>. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, the Contractor is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

<u>Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs)</u>. Contractor is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

<u>Certification Regarding Suspension or Debarment</u>. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, neither Contractor nor Contractor's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Contractor further certifies under pains and penalties of perjury that, as of the date this contract amendment is signed, Contractor is not presently debarred, suspended, nor named on the State's debarment list at: <a href="http://bgs.vermont.gov/purchasing-contracting/debarment">http://bgs.vermont.gov/purchasing-contracting/debarment</a>

This document consists of two pages. Except as modified by this Amendment No. 1, all provisions of the Contract remain in full force and effect.

[Remainder of Page Intentionally Left Blank]

Revision Date: 05/30/2019

The signatures of the undersigned indicate that each has read and agrees to be bound by this Amendment to the Contract.

STATE OF VERMONT	HealthTECH Resources, Inc.
By:	By:
Name:	Name:
Title:	Title:
Date:	Date: